

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Tetsujiro KONDO et al.

Serial No.

09/824,284

For

IMAGE COMPRESSION AND DECOMPRESSION WITH

PREDICTOR SELECTION BASED ON EMBEDDING

DATA

Filed

April 2, 2001

RECEIVED

Examiner

Y. Couso

OCT 1 3 2004

Art Unit

2625

Technology Center 2600

745 Fifth Avenue New York, NY 10151 Tel. (212) 588-0800

EXPRESS MAIL

Mailing Label Number: ED 450554388 US

Date of Deposit:

October 5, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

AMENDMENT UNDER RULE 116

Mail Stop AF Commissioner for Patents Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Final Office Action which issued August 10, 2004, please consider the following amendment to the above-referenced application.

10/07/04

PATENT 450100-03145

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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COUSO, Yon Jung

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MAIL STOP AF COMMISSIONER FOR PATENTS Alexandria, VA 22313-1450 Sir.

Technology Center 2600

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining	(3)	(4) Highest number	(5)	(6)	(7)
•	after amendment	•	previously paid for	Present extra	Rate	Additional fee
Total claims	35	Minus	35 =	0 ×	\$18(9)	= \$0
Independent claims	8	Minus	8 =	0 ×	\$88(44)	= \$0
	!		Total additi this ame		= \$0	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid \square , or is paid herewith \square .

This response is being filed within the month following the expiration of the term originally set therefor.

This is a petition to request a <u>-month</u> extension of time. A check covering the cost of the petition is enclosed.

A USPTO Form 2038 – Credit Card Payment Form in the amount of \$.00 is attached, which covers the cost of

☐ additional claims and ☐ -month petition for extension of time.
☐ Charge \$_ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Reg. No. 47,946 Tel. (212) 588-0800

By: Darren M. Simon

FROMMER LAWRENCE & HAUG, LLP

Attorneys for Applicant(s)

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)





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Serial No.

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T. Johnson

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